Commonwealth of Kentucky Department of Insurance Division of Agent Licensing P.O. Box 517 Frankfort, Ky. 40601 502-564-6004 http://insurance.ky.gov

Business Entity Termination of De

	Designauc	on or Tern	Ш	iauon oi D	esignation	rorm		
Business Entity Name			FEIN					
DBA/Trade Name (if applicable)			State of Domicile					
Business Address			City			State	Zip Code or Foreign Country	
Phone Number	none Number Fax Number			Business Web Site Address			Business E-Mail Address	
() -	() -							
		P.O. Box	City			State	Zin Code on Fourier Country	
Mailing Address		P.O. Box	City		State	Zip Code or Foreign Country		
Effective date o	f designation o	or termination	wil	l be the date of	receipt in the	Departme	ent of Insurance.	
Name KY DOI#				Designate Terminate Lines of			Authority	
					<u> </u>			
				П	П			
Officer Name:				Title:				
Signature of Officers								
Signature of Officer: Date:								